

## 2005 RETIREE/COBRA - HEALTH AND DENTAL

HEALTH PROVIDER/COVERAGE CATEGORY*	MONTHLY RATE	BILLING METHOD
<b>Kaiser Permanente HIGH RETIREE under 65 and COBRA**</b>		
Single	\$284.19	City will bill
2-Party	\$547.95	
Family	\$744.17	
<b>Kaiser Permanente LOW RETIREE under 65 and COBRA**</b>		
Single	\$252.08	City will bill
2-Party	\$485.65	
Family	\$660.04	
<b>Kaiser Permanente 65+ RETIREE***</b>		
Subscriber (M)	\$143.13	City will bill
Subscriber (M) + Spouse (M)	\$282.33	
Subscriber (M) + Spouse (NM)	\$406.89	
Subscriber (NM) + Spouse (M)	\$423.39	
Subscriber (M) + Spouse (M) + Child (NM)	\$478.55	
Subscriber (M) + Spouse (NM) + Child (NM)	\$603.11	
Subscriber (NM) + Spouse (M) + Child (NM)	\$619.61	
Subscriber (NM +65)	907.48	
<b>Blue Cross HMO HIGH RETIREE under 65 and COBRA**</b>		
Single	\$293.03	City will bill
2-Party	\$589.19	
Family	\$817.67	
<b>Blue Cross HMO LOW RETIREE under 65 and COBRA**</b>		
Single	\$267.36	City will bill
2-Party	\$537.01	
Family	\$745.31	
<b>Blue Cross PPO RETIREE under 65, COBRA**, or Blue Card Out-of-State under 65</b>		
Single	\$432.17	City will bill
2-Party	\$870.48	
Family	\$1,205.73	
<b>Blue Cross HMO HIGH RETIREE with Medicare A&amp;B</b>		
Single	\$316.99	City will bill
2-Party	\$637.65	
Family	\$884.56	
<b>Blue Cross HMO HIGH RETIREE without Medicare A&amp;B</b>		
Single	\$488.02	City will bill
2-Party	\$983.68	
Family	\$1,362.33	
<b>Blue Cross HMO LOW RETIREE with Medicare A&amp;B</b>		
Single	\$292.40	City will bill
2-Party	\$587.67	
Family	\$815.26	
<b>Blue Cross HMO LOW RETIREE without Medicare A&amp;B</b>		
Single	\$454.51	City will bill
2-Party	\$915.66	
Family	\$1,268.12	
<b>Blue Cross PPO RETIREE with Medicare A&amp;B or Blue Card Out-of-State with Medicare A&amp;B</b>		
Single	\$531.97	City will bill
2-Party	\$1,072.39	
Family	\$1,484.51	

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<b>Blue Cross PPO RETIREE without Medicare A&amp;B or Blue Card Out-of-State without Medicare A&amp;B</b>		
Single	\$697.45	City will bill
2-Party	\$1,407.22	
Family	\$1,946.81	
<b>DENTAL PROVIDER/COVERAGE CATEGORY</b>	<b>MONTHLY RATE</b>	<b>BILLING METHOD</b>
<b>Delta Dental DPO RETIREE/COBRA**</b>		
Single	\$56.96	City will bill
2-Party	\$103.62	
Family	\$146.04	
<b>Delta Care Dental PMI/DHMO RETIREE/COBRA**</b>		
Single	\$17.61	City will bill
2-Party	\$26.70	
Family	\$39.73	

\*Health Rates include Vision Service Plan

09/13/2004

\*\*COBRA coverage is between 18 to 36 months, Contact HR, Benefits for info

\*\*\* (M) Medicare Over 65 / (NM +65) No Medicare Over 65 / (NM) No Medicare Under 65

RETIREE dental coverage is for retirees currently with dental coverage through the City

RATES ARE SUBJECT TO ANNUAL CHANGE.